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Title of Document: **Tardive Dyskinesia Monitoring**

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Applicability: DDSN Regional Centers, DSN Boards, and Contracted Service Providers

PURPOSE

The purpose of this Directive is to establish a standardized system to inform individuals (or the authorized representative if the individual is not capable) about tardive dyskinesia and to monitor individuals who have or are at risk to develop tardive dyskinesia.

POLICY

1. **Monitoring.** Individuals who are prescribed antipsychotic medication or other medications associated with tardive dyskinesia will be regularly monitored for tardive dyskinesia. Individuals who have been diagnosed with tardive dyskinesia, but who are no longer prescribed antipsychotic medication or other medications associated with tardive dyskinesia will be regularly monitored.
2. **Information.** Individuals who are prescribed antipsychotic medication or other medications associated with tardive dyskinesia (or the authorized representative if the individual is not capable) will be regularly informed about the possibility of tardive dyskinesia. Individuals who develop tardive dyskinesia (or the authorized representative if the individual is not capable) will be informed about the diagnosis of tardive dyskinesia.

DEFINITIONS

Antipsychotic Medication: A class of psychopharmacologic (psychotropic) medication usually prescribed for schizophrenia. Antipsychotic medications are the medications primarily associated with tardive dyskinesia. Older antipsychotic medications such as haloperidol (Haldol[®]), thioridazine (Mellaril[®]), and chlorpromazine (Thorazine[®]) are referred to as “typical antipsychotics.” Newer antipsychotic medications such as risperidone (Risperdal[®]) and olanzapine (Zyprexa[®]) are referred to as “atypical antipsychotics.” Atypical antipsychotic medications cause tardive dyskinesia much less often than typical antipsychotic medications, but they are still monitored for TD. A list of psychopharmacologic medications and antipsychotic medications as of 2001 is provided in the Appendix. It is important to note that all psychopharmacologic medications are not monitored for TD. Only antipsychotic medications are monitored for TD.

Emergency: Documented behavior which presents imminent and substantial danger to self (the individual who is emitting the behavior) or others.

Other Medications Associated With Tardive Dyskinesia: Medications other than antipsychotic medications which may cause tardive dyskinesia and must be monitored. Two examples are metoclopramide (Reglan[®]) and amoxapine (Asendin[®]). The Appendix provides a list of other medications which must be monitored for TD.

Tardive Dyskinesia (TD): A side effect consisting of involuntary muscle movements associated with the long-term use, generally six months or more, of antipsychotic medication and several other medications listed in the Appendix. TD may be transitory and dissipate over time, or tardive dyskinesia may be persistent and, in some cases, irreversible. Some examples of possible involuntary muscle movements include: grimacing, frequent blinking, chewing, lip smacking, puckering, tongue thrusting, and twisting or jerky movements of the trunk, hands, arms, or feet. Tardive dyskinesia is often not seen until an antipsychotic medication (or other medication associated with TD) is decreased or discontinued. There are three main types of tardive dyskinesia. The first is **persistent TD**. This is usually defined as the presence of involuntary muscle movements for three months or more. The second is **masked TD**. This is usually defined as the presence of persistent TD, but movements are not seen because either an antipsychotic medication is “covering up” the TD or another medication is treating the TD. The third is **withdrawal TD**. This is usually defined as involuntary muscle movements which first occur within two months of an antipsychotic medication decrease or discontinuation, but which subsequently dissipate within three to four months.

PROCEDURES

A. Monitoring

- 1) **Monitoring Instrument.** The Abnormal Involuntary Movement Scale (AIMS),

the Dyskinesia Identification System: Condensed User Scale (DISCUS) or

similar tools should be used for monitoring.

- 2) **Monitoring Schedule.** Individuals who are prescribed antipsychotic medication or other medications associated with TD must be checked at least once every six months. Checks do not have to occur exactly six months or less from the previous check and may be coordinated with events such as the annual review or quarterly nursing reviews.
- 3) **Discontinuation Checks.** Individuals who have all antipsychotic medication or all other medications associated with TD discontinued must be checked in four to six weeks following discontinuation and again at three months.
 - a) Monitoring may end if the three-month discontinuation rating is negative **and** the individual is not prescribed an antipsychotic medication, other medication associated with TD, or other therapy to treat diagnosed tardive dyskinesia.
 - b) Monitoring must continue at least once every six months if the three-month discontinuation rating is positive. Monitoring may be coordinated with other events such as the annual review, quarterly nursing review, etc. Monitoring may end if subsequent ratings are negative and the individual is not prescribed an antipsychotic medication, other medications associated with TD, or other therapy to treat diagnosed tardive dyskinesia.
 - c) If antipsychotic medication or other medications associated with TD are re-initiated, remaining discontinuation ratings may be omitted.
- 4) **Baseline.** If antipsychotic medication or other medications associated with TD are to be initiated for an individual not currently prescribed such medication, a baseline rating must occur before the date of initiation. It is recognized, based upon a prescriber's judgment, that certain individuals may require antipsychotic medication or other medications associated with TD on an emergency basis. The documented emergency precludes the baseline.
- 5) **Admission.** Individuals admitted to the facility who are prescribed antipsychotic medication or other medications associated with TD or who have a diagnosis of TD must be checked within one month of admission.
- 6) **Additional Monitoring.** Individuals may be monitored on a more frequent basis based upon the specifics of the case and professional judgment.
- 7) **Personnel.** Trained personnel shall be responsible for TD monitoring.

B. Tardive Dyskinesia Information

- 1) Timelines. Information about tardive dyskinesia must be provided to the individual (or the authorized representative if the individual is not capable) in layperson's language:
 - a) Before the initiation of antipsychotic medication or other medications associated with TD unless such medication is initiated on an emergency basis in which case, given the medication continues to be prescribed, the information must be provided as soon as possible, but within one month of the emergency initiation, and
 - b) At least annually if antipsychotic medication or other medications associated with TD continues to be prescribed. This may be coordinated with events such as the annual review or informed consent renewal process.
- 2) Information To Be Provided. TD information may include the Tardive Dyskinesia Education Sheet (see Appendix). Additional information may also be provided.

C. Recommendations in the Event of Tardive Dyskinesia

- 1) **Diagnostic Entry.** The tardive dyskinesia diagnosis should be entered in the medical record..
- 2) **Inform the Individual.** The tardive dyskinesia diagnosis must be conveyed to the individual (or the authorized representative if the individual is not capable). This must be documented.
- 3) **Review For Lowest Optimal Effective Dose.** If the individual is prescribed antipsychotic medication or other medication associated with TD, the prescriber and team must determine and document if a gradual reduction and discontinuation of such medication is possible. If it is determined that such medication continues to be required, the specific need for and evidence of effectiveness in light of the tardive dyskinesia diagnosis must be documented. In so far as the situation allows, this decision should be reached in conjunction with the individual (or the authorized representative if the individual is not capable), and the lowest optimal effective dose used to treat the psychiatric, behavioral, or medical condition of concern.
- 4) **Review For Anticholinergic Medication.** If the individual is prescribed anticholinergic medication (for example, benztropine or Cogentin®) or medications with a high anticholinergic profile (for example, amitriptyline or

Elavil®), the prescriber should determine if a gradual reduction and discontinuation of such medication is possible. If it is determined that such medication continues to be required, the specific need for and evidence of effectiveness in light of the tardive dyskinesia diagnosis must be documented. In so far as the situation allows, this decision should be reached in conjunction with the individual (or the authorized representative if the individual is not capable), and the lowest optimal effective dose used to treat the psychiatric, behavioral, or medical condition of concern.

- 5) **Renewal of Informed Consent.** If antipsychotic medication or other medication associated with TD continues to be necessary, written informed consent for continued use in light of the tardive dyskinesia diagnosis must be obtained from the individual (or the authorized representative if the individual is not capable) as soon as possible, but within three months. This may be coordinated with a forthcoming informed consent renewal such as at an annual review provided such an event occurs within three months.

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- [Examples of Psychopharmacologic Medication as of 2007](#)
(with medications to be monitored for tardive dyskinesia indicated)
- [Tardive Dyskinesia Education Sheet](#)